

# Florida

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## State CARE Act Program Profile

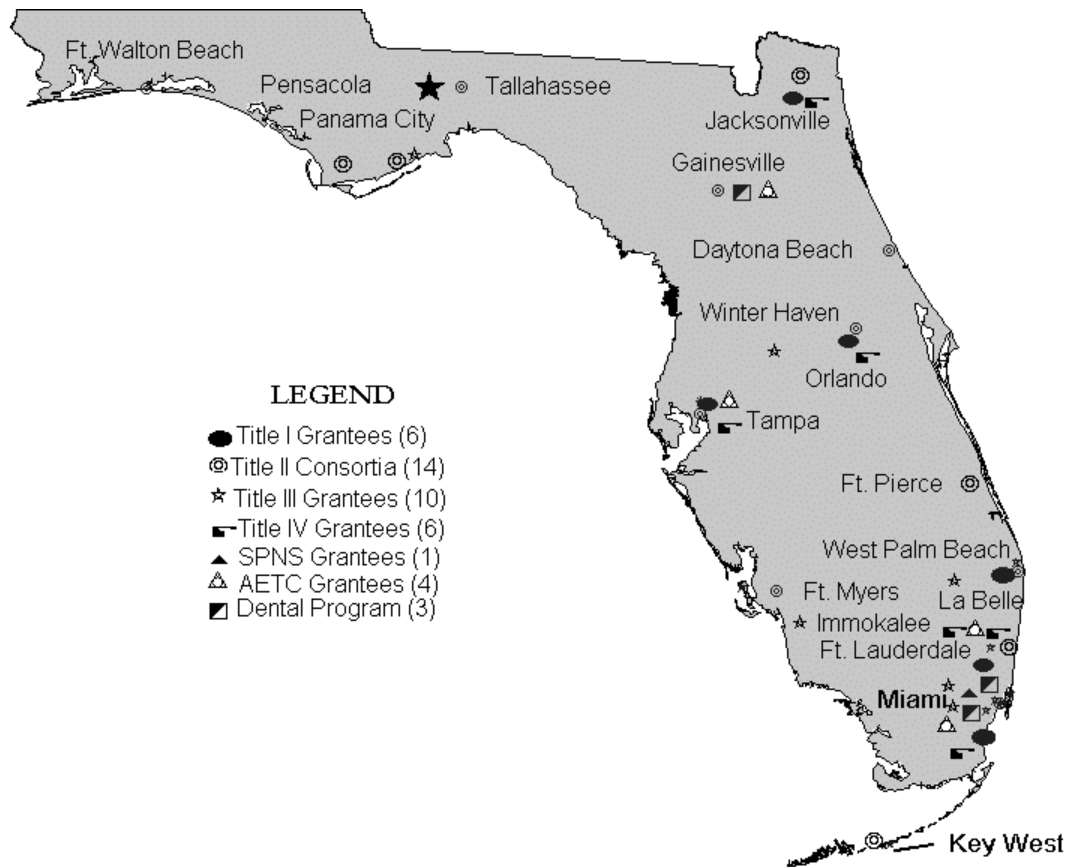
### CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$36,066,137	\$46,929,025	\$49,155,461	\$132,150,623
Title II (including ADAP)	\$25,220,349	\$41,314,996	\$53,845,136	\$120,380,481
ADAP	(\$5,503,506)	(\$17,898,632)	(\$30,253,733)	(\$53,655,871)
Title III	\$2,773,119	\$2,649,561	\$3,256,561	\$8,679,241
Title IV	\$2,623,010	\$3,776,700	\$4,733,617	\$11,133,327
SPNS	\$826,558	\$357,091	\$374,354	\$1,558,003
AETC	\$681,402	\$934,620	\$934,620	\$2,550,642
Dental	\$118,752	\$205,937	\$315,712	\$640,401
<b>Total</b>	<b>\$68,309,327</b>	<b>\$96,167,930</b>	<b>\$112,615,461</b>	<b>\$277,092,718</b>

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

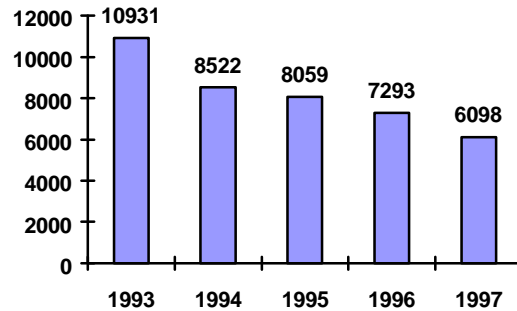
	1996	1997	1998
Title I	6	6	6
Title III	7	7	10
Title IV	5	5	6
SPNS	2	1	1
AETC (grantee or subcontractor)	4	4	4
Dental	2	2	3

## Location of FY 1998 CARE Act Grantees and Title II Consortia



## HIV/AIDS Epidemic in the State: Florida (Pop. 14,653,945)

- ▶ Persons reported to be living with AIDS through 1997: 27,512
- ▶ New AIDS Cases by Calendar Year, 1993-1997
- ▶ Persons reported to be living with HIV infection (not AIDS) through 1997: 2,068
- ▶ State reporting requirement for HIV: Name-based reporting for HIV (initiated July 1997)
- ▶ State AIDS Cases (cumulative) since 1993: 40,903 (10% of AIDS cases in the U.S.)



### Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	73%	78%
Women (13 years and up):	27%	22%

	State-Specific Data	National Data
<13 years old :	1%	1%
13-19 years old :	1%	1%
20+ years old :	98%	98%

	State-Specific Data	National Data
White:	33%	33%
African American:	51%	45%
Hispanic:	16%	21%
Asian/Pacific Islander:	0%	<1%
Native American/Alaskan Native:	0%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	30%	35%
Injecting drug user (IDU):	11%	24%
Men who have sex with men and inject drugs (MSM/IDU):	2%	4%
Heterosexual contact:	17%	13%
Other, unknown or not reported:	39%	24%

### Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	88%	91%
Receipt of blood transfusion, blood components, or tissue:	0%	<1%
Other, unknown or not reported:	13%	8%

### Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	174.8	194.5
Gonorrhea (1996)	135.4	124.0
Syphilis (1996)	2.6	4.3
TB (1997)	9.6	7.4

### Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- **Emerging Needs:** The state used the SCSN process to identify five core services it will make available to PLWH across the state. Local plans incorporate these services into the prioritizing process.

## State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

### Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	185% FPL
Medically Needy	28% FPL

\*Income eligibility for State's ADAP program is 200% FPL.

### Medicaid Prescription Drug Benefits Limits

Co-payment:	No
Limit on Rx per month:	Yes
Refill limit:	Yes
Quantity Limit:	Yes

### Waivers

#### 1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

**1115 waiver:** Yes

Beneficiary groups: Current Medicaid eligibles and working uninsured low- and moderate-income individuals whose incomes are at or below 250% FPL.

#### 1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

**1915(b) waiver(s):** Yes

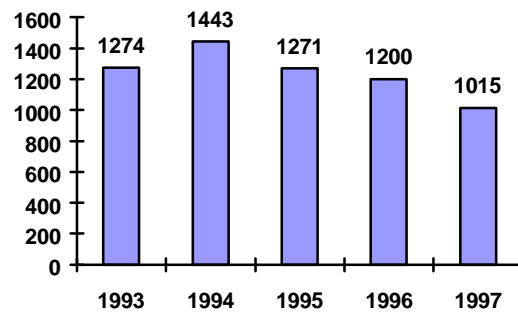
## Title I: Ft. Lauderdale (Pop. 1,410,540)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

### ► New AIDS cases by calendar year, 1993-1997

#### ► EMA: Broward County

- Estimated number of people living with AIDS at the end of 1997: 4,524
- AIDS Cases (cumulative) since 1993: 6,203 (15% of state cases, 2% of total U.S. cases)



### AIDS Cases Reported in 1997

	Data	State-Specific	National Data
Men (13 years and up):		73%	78%
	29%	27%	
	EMA-Specific Data	Data	National Data
	2%	2%	
20+ years old:	98%		98%
	EMA-Specific	State-Specific Data	
White:	37%		33%
African American:		51%	45%
	10%	16%	
Asian/Pacific Islander:	0%		<1%
Native American/Alaskan Native:		0%	<1%

	EMA-Specific Data	Data	National Data
	30%	30%	
Injecting drug user (IDU):	10%		24%
Men who have sex with men and inject	2%	2%	
Heterosexual contact:	13%	17%	13%
Other, unknown or not reported: (Adults only)	46%	39%	24%

## Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$4,127,054	\$4,931,141	\$5,146,287	\$14,204,482
Supplemental	\$2,457,150	\$3,381,044	\$4,982,344	\$10,820,538
Total	\$6,584,204	\$8,312,185	\$10,128,631	\$25,025,020

## Allocation of Funds

	1998
Health Care Services	\$3,660,564/36%
Medications	\$2,163,700/21%
Case Management	\$1,163,680/11%
Support Services	\$2,274,255/22%
Administration, Planning and Program Support	\$866,432/9%

## Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 35
- ▶ PLWH on planning council: 14 (40%)

## Gender of Planning Council Members

Men:	66%
Women:	34%

### **Race/Ethnicity of Planning Council Members**

White:	51%
African American:	40%
Hispanic:	9%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

### **Accomplishments**

Clients Served (duplicated count), FY 1996:	22,980
Men:	61%
Women:	39%

<13 years old:	3%
13-19 years old:	2%
20+ years old:	94%

White:	34%
African American:	57%
Hispanic:	7%
Asian/Pacific Islander:	1%
Native American/Alaskan Native:	0%

Men who have sex with men (MSM):	35%
Injecting drug user (IDU):	7%
Men who have sex with men and inject drugs (MSM/IDU):	4%
Heterosexual contact:	38%
Other, unknown or not reported:	17%

#### **► Improved Patient Access**

- Between 1995 and 1996, there was an increase in: 1) the total aggregate number of people reported by providers to have received Title I-funded primary health care services, (i.e., the sum of unduplicated counts from each primary health care provider); and 2) an even larger increase in the number of medical visits. The number of clients (not unduplicated) increased from 16,920 to 20,170 (+19%); the number of medical care visits increased from 24,405 to 31,070 (+27%); and the number of dental care service units provided increased from 1,858 to 1,980 (+7%).

- Access to primary care services was further increased in FY 1997 through: 1) the establishment and funding of a community-based organization to provide HIV-related services to the Haitian community; 2) the opening of a new dental clinic in Pompano; 3) initiation of home-delivered pharmacy services; and 4) an increase in the number of nutrition service sites to a total of 10. In addition, the Title I Program expanded mental health/counseling services capacity in FY 1997 with the addition of funding for a large mental health unit.

▶ **Improved Patient Outcomes**

- Title I-funded service providers have been successful in reaching underserved populations, as demonstrated by reported higher percentages of African American, Hispanic and female clients as compared with the distribution of reported AIDS cases for these populations.

▶ **Other Accomplishments**

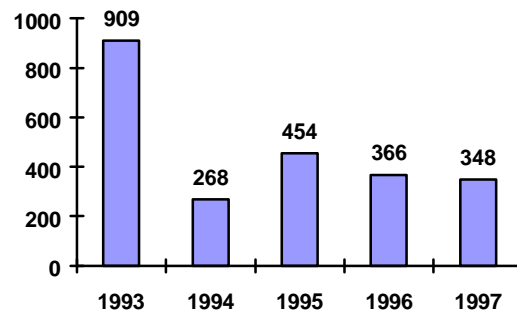
- A Planning Council Ad Hoc Medical Committee, working with an outpatient medical provider consortium, developed local standards of care, including 12 specific monitoring indicators. Case management services were improved throughout the EMA in FY 1997 with the development of a clear mission statement, two-level service definition, specific goals, and uniform standards and outcome measures for all contracts.
- The EMA launched a managed-care response initiative, by establishing a consortium of providers for each category of services and contracting for system-wide education workshops on applicable managed care initiatives.
- The Multi-Cultural Committee continued to actively participate in local ethnic fairs and health fairs, distributing information on Title I services and recruiting qualified new Hispanic, Haitian and African American members to assist with outreach and HIV services community planning.

## Title I: Jacksonville

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Clay, Duval, Nassau, St. Johns Counties
- ▶ Estimated number of people living with AIDS at the end of 1997: 1,834
- ▶ AIDS Cases (cumulative) since 1993: 2,345 (6% of state cases, <1% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



### AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	69%	73%	78%
Women (13 years and up):	31%	27%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	1%	2%	2%
20+ years old:	99%	98%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	31%	33%	33%
African American:	66%	51%	45%
Hispanic:	2%	16%	21%
Asian/Pacific Islander:	0%	0%	<1%
Native American/Alaskan Native:	0%	0%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	29%	30%	35%
Injecting drug user (IDU):	15%	11%	24%
Men who have sex with men and inject drugs (MSM/IDU):	2%	2%	4%
Heterosexual contact:	27%	17%	13%
Other, unknown or not reported: (Adults only)	27%	39%	24%

## Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$1,502,838	\$1,699,084	\$1,791,182	\$4,993,104
Supplemental	\$1,222,413	\$2,063,629	\$1,651,986	\$4,938,028
Total	\$2,725,251	\$3,762,713	\$3,443,168	\$9,931,132

## Allocation of Funds

	1998
Health Care Services	\$1,307,571/44%
Medications	\$882,059/30%
Case Management	\$128,934/4%
Support Services	\$291,575/10%
Administration, Planning and Program Support	\$344,317/12%

## Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 43
- ▶ PLWH on planning council: 13 (30%)

## Gender of Planning Council Members

Men:	49%
Women:	51%

### **Race/Ethnicity of Planning Council Members**

White:	47%
African American:	49%
Hispanic:	5%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

### **Accomplishments**

Clients Served (duplicated count), FY 1996:	5,700
Men:	69%
Women:	31%

<13 years old:	6%
13-19 years old:	1%
20+ years old:	93%

White:	40%
African American:	57%
Hispanic:	3%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

Men who have sex with men (MSM):	36%
Injecting drug user (IDU):	16%
Men who have sex with men and inject drugs (MSM/IDU):	4%
Heterosexual contact:	41%
Other, unknown or not reported:	4%

#### **► Improved Patient Access**

- In 1996, 1,490 new clients accessed Title I-funded services, out of a total of 5,700 clients (not unduplicated) who were served. Seven office-based health care providers reported serving 4,780 clients (non unduplicated), providing almost 21,000 medical visits, 2,693 dental care visits, 2,254 mental health visits, 703 substance abuse treatment units, and 436 units of rehabilitation services.

► **Other Accomplishments**

- During FY 1997, the Title I program worked collaboratively with the Title II and State Regional AIDS administrative staff, to develop a joint request for proposal (RFP) contracts process.
- That same year, development of a client/services reporting system was initiated to improve data collection/reporting and provide an unduplicated count of clients accessing services.
- The HIV Health Services Planning Council obtained expert technical planning assistance to improve its needs assessment, service utilization forecasting, and priority-setting activities.

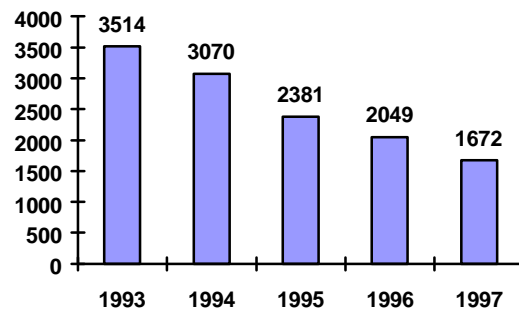
## Title I: Miami

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

### ► EMA: Dade County

- Estimated number of people living with AIDS at the end of 1997: 8,639
- AIDS Cases (cumulative) since 1993: 12,686 (31% of state cases, 3% of total U.S. cases)

### ► New AIDS cases by calendar year, 1993-1997



## AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	73%	73%	78%
Women (13 years and up):	27%	27%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	1%	2%	2%
20+ years old:	99%	98%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	14%	33%	33%
African American:	53%	51%	45%
Hispanic:	33%	16%	21%
Asian/Pacific Islander:	0%	0%	<1%
Native American/Alaskan Native:	0%	0%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	23%	30%	35%
Injecting drug user (IDU):	8%	11%	24%
Men who have sex with men and inject drugs (MSM/IDU):	1%	2%	4%
Heterosexual contact:	10%	17%	13%
Other, unknown or not reported: (Adults only)	58%	39%	24%

## Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$8,458,365	\$9,923,981	\$9,851,502	\$28,233,848
Supplemental	\$6,697,713	\$8,939,227	\$8,620,651	\$24,257,591
Total	\$15,156,078	\$18,863,208	\$18,472,153	\$52,491,439

## Allocation of Funds

	1998
Health Care Services	\$9,191,407/47%
Medications	\$2,670,882/14%
Case Management	\$2,377,116/12%
Support Services	\$3,508,671/18%
Administration, Planning and Program Support	\$1,648,793/9%

## Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 27
- ▶ PLWH on planning council: 12 (44%)

## Gender of Planning Council Members

Men:	56%
Women:	44%

### **Race/Ethnicity of Planning Council Members**

White:	37%
African American:	33%
Hispanic:	30%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

### **Accomplishments**

Clients Served (duplicated count), FY 1996:	21,240
Men:	67%
Women:	33%

<13 years old:	3%
13-19 years old:	4%
20+ years old:	93%

White:	15%
African American:	51%
Hispanic:	34%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

Men who have sex with men (MSM):	27%
Injecting drug user (IDU):	9%
Men who have sex with men and inject drugs (MSM/IDU):	4%
Heterosexual contact:	45%
Other, unknown or not reported:	15%

#### **► Improved Patient Access**

- The EMA introduced peer education and support services, engaging 20 full-time peers to provide support and to disseminate information about care and treatment services to PLWH who access Title I-funded programs.
- Project Outreach was funded in FY 1997 through four providers, who offered medical, dental, counseling, case management, and emergency financial assistance services to the underserved area of South Dade.

- In 1998, the Title I program added a new provider of primary medical care that serves primarily patients in the heavily affected North Central area of the county, where many African Americans reside.
- The prescription drug formulary was expanded to include more medications, including the addition of protease inhibitors. Approximately 200 clients were provided PIs by Title I in the first eight months of the program.

► **Other Accomplishments**

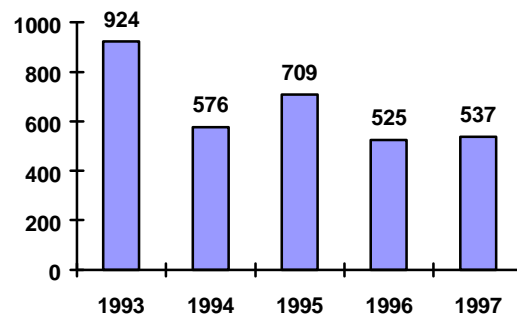
- A medical care review protocol was developed to examine medical records for all physicians serving Title I clients, and a statistically valid sample of records was reviewed by nurses experienced in HIV/AIDS medical care and utilization.
- The number of people of color serving on the planning council has significantly increased. Currently, planning council membership almost perfectly reflects the impact of the epidemic on racial/ethnic minorities in the EMA. Fifty-nine percent of planning council members are African American, 26% are Hispanic and 15% are White.
- A Medical Care and Quality Initiative was launched for providers, entailing an extensive series of workshops concerning medical care, quality improvement, procedure coding and reimbursement issues.
- Service outcome measures have been developed and are now routinely used by the EMA and providers to monitor performance.
- Planning activities were consolidated with the creation of the Miami-Dade HIV/AIDS Partnership, a new body that plans Title I, Title II, HOPWA, and CDC prevention services, replacing four separate planning groups. This consolidation allows for greater planning efficiency, coordination of planning resulting in an improved continuum of care, and reduced planning and administrative costs.
- The EMA developed a methodology for identifying and measuring unmet need based on income and race/ethnicity data for the county population applied to HIV estimates. In addition, detailed information about services from all major funding sources was obtained. This methodology provides a comprehensive examination of unmet need for the EMA.

## Title I: Orlando (Pop. 1,439,451)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Lake, Orange, Osceola, Seminole Counties
- ▶ Estimated number of people living with AIDS at the end of 1997: 2,312
- ▶ AIDS Cases (cumulative) since 1993: 3,271 (8% of state cases, <1% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



### AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	78%	73%	78%
Women (13 years and up):	22%	27%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	0%	2%	2%
20+ years old:	100%	98%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	41%	33%	33%
African American:	43%	51%	45%
Hispanic:	16%	16%	21%
Asian/Pacific Islander:	0%	0%	<1%
Native American/Alaskan Native:	0%	0%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	42%	30%	35%
Injecting drug user (IDU):	18%	11%	24%
Men who have sex with men and inject drugs (MSM/IDU):	4%	2%	4%
Heterosexual contact:	10%	17%	13%
Other, unknown or not reported: (Adults only)	26%	39%	24%

## Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$2,087,199	\$2,350,875	\$2,433,964	\$6,872,038
Supplemental	\$1,512,290	\$1,968,474	\$2,175,875	\$5,656,639
Total	\$3,599,489	\$4,319,349	\$4,609,839	\$12,528,677

## Allocation of Funds

	1998
Health Care Services	\$1,353,599/29%
Medications	\$693,781/15%
Case Management	\$1,110,991/24%
Support Services	\$950,399/21%
Administration, Planning and Program Support	\$501,070/11%

## Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 31
- ▶ PLWH on planning council: 13 (42%)

## Gender of Planning Council Members

Men:	52%
Women:	48%

### **Race/Ethnicity of Planning Council Members**

White:	61%
African American:	16%
Hispanic:	16%
Asian/Pacific Islander:	6%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

### **Accomplishments**

Clients Served (duplicated count), FY 1996:	20,160
Men:	58%
Women:	42%

<13 years old:	5%
13-19 years old:	11%
20+ years old:	84%

White:	42%
African American:	47%
Hispanic:	10%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

Men who have sex with men (MSM):	31%
Injecting drug user (IDU):	16%
Men who have sex with men and inject drugs (MSM/IDU):	4%
Heterosexual contact:	40%
Other, unknown or not reported:	9%

### **► Improved Patient Access**

- Fourteen Title I-funded service providers reported serving a total aggregate of more than 14,000 new clients (the sum of providers unduplicated counts) in 1996, which was almost twice the aggregate number of new clients reported served (7,730) by 12 providers in the previous year.
- Ten primary health care service providers, including office-based medical, dental, mental health, substance abuse treatment and rehabilitation services, reported serving a total of 5,890 clients (not unduplicated) in 1996.

► **Other Accomplishments**

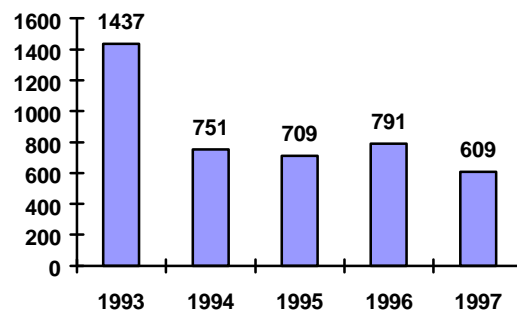
- The Orlando EMA implemented several significant activities or changes in FY 1997, which were designed to improve the functioning of the program. These included: 1) a change in the grantee administrative agency, with additional staffing to work with the Planning Council and to manage and monitor service contracts; 2) expanded representation of minority communities on the Planning Council; 3) improvements in the Council's Grievance Procedures; 4) implementation of two Planning Council orientation programs for newly elected members, to familiarize them with the mandated roles and responsibilities of the Council; and 5) collaborative efforts with other CARE Act funded programs in the region, to improve needs assessment and planning processes and explore options for merging or consolidating activities.

## Title I: Tampa-St. Petersburg (Pop. 2,100,000)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Hernando, Hillsborough, Pasco, Pinellas Counties
- ▶ Estimated number of people living with AIDS at the end of 1997: 3,122
- ▶ AIDS Cases (cumulative) since 1993: 4,297 (11% of state cases, 1% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



### AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	80%	73%	78%
Women (13 years and up):	20%	27%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	1%	2%	2%
20+ years old:	99%	98%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	59%	33%	33%
African American:	31%	51%	45%
Hispanic:	10%	16%	21%
Asian/Pacific Islander:	0%	0%	<1%
Native American/Alaskan Native:	0%	0%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	46%	30%	35%
Injecting drug user (IDU):	13%	11%	24%
Men who have sex with men and inject drugs (MSM/IDU):	3%	2%	4%
Heterosexual contact:	17%	17%	13%
Other, unknown or not reported: (Adults only)	20%	39%	24%

## Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$2,720,258	\$3,176,686	\$3,304,005	\$9,200,949
Supplemental	\$1,889,943	\$3,372,266	\$3,232,184	\$8,494,393
Total	\$4,610,201	\$6,548,952	\$6,536,189	\$17,695,342

## Allocation of Funds

	1998
Health Care Services	\$2,460,519/38%
Medications	\$1,215,579/19%
Case Management	\$627,596/10%
Support Services	\$1,438,114/22%
Administration, Planning and Program Support	\$794,381/12%

## Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 36
- ▶ PLWH on planning council: 14 (39%)

## Gender of Planning Council Members

Men:	56%
Women:	44%

### **Race/Ethnicity of Planning Council Members**

White:	64%
African American:	22%
Hispanic:	14%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

### **Accomplishments**

Clients Served (duplicated count), FY 1996:	9,500
Men:	75%
Women:	25%

<13 years old:	5%
13-19 years old:	1%
20+ years old:	94%

White:	53%
African American:	36%
Hispanic:	9%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	1%

Men who have sex with men (MSM):	39%
Injecting drug user (IDU):	11%
Men who have sex with men and inject drugs (MSM/IDU):	3%
Heterosexual contact:	34%
Other, unknown or not reported:	14%

► **Improved Patient Access**

- In 1996, the Title I program experienced significant growth in the total aggregate number of clients reported served (i.e., the sum of unduplicated counts from all reporting providers), despite a drop in the total number of providers from 35 to 32. The total aggregate number of clients increased from 8,280 in 1995 to 9,500 in 1996, an increase of 15%. For the same time period, the total number of new clients increased from 3,550 to 4,380, an increase of 23% and the total number of health care clients increased from 6,730 to 6,760 (<+.05%). The total number of medical care visits increased from 11,074 to 13,842 (+25%); dental care visits increased from 793 units to 1,045 units (+32%); the number of mental health units provided increased from 14,142 to 19,664 (+36%); the number of substance abuse treatment units provided increased from 6,619 to 10,076 (+52%); and the number of rehabilitation service units provided decreased by 88% during this period.
- In FY 1997, the Title I program improved access to care with the addition of: 1) a minority outreach pilot project, designed to promote increased use of primary medical care, treatment and related health care services by people of color diagnosed with HIV infection; and 2) home-delivered, prescribed medications to clients living in rural areas of Pasco and Hernando Counties.

► **Improved Patient Outcomes**

- The Planning Council developed a four-tiered, multi-phased program evaluation process in FY 1997 that is designed to assess service outcome effectiveness as well as the administrative efficiency of the grantee and the effectiveness of the Council in carrying out their respective responsibilities.

► **Other Accomplishments**

- The Title I program developed and distributed: 1) a provider manual, to enhance accurate and timely data collection/reporting; and 2) a case manager training manual to standardize and improve the quality and effectiveness of services.

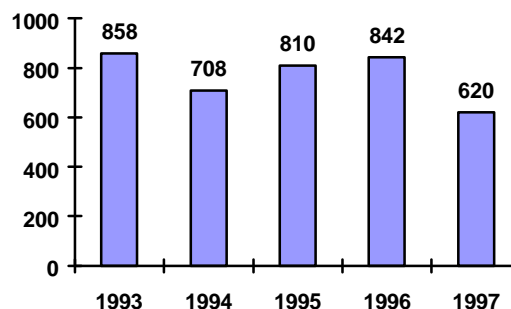
## Title I: West Palm Beach (Pop. 992,840)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

### ► EMA: Palm Beach County

- Estimated number of people living with AIDS at the end of 1997: 2,803
- AIDS Cases (cumulative) since 1993: 3,838 (9% of state cases, 1% of total U.S. cases)

### ► New AIDS cases by calendar year, 1993-1997



## AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	66%	73%	78%
Women (13 years and up):	34%	27%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	2%	2%	2%
20+ years old:	98%	98%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	30%	33%	33%
African American:	63%	51%	45%
Hispanic:	8%	16%	21%
Asian/Pacific Islander:	0%	0%	<1%
Native American/Alaskan Native:	0%	0%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	24%	30%	35%
Injecting drug user (IDU):	8%	11%	24%
Men who have sex with men and inject drugs (MSM/IDU):	1%	2%	4%
Heterosexual contact:	36%	17%	13%
Other, unknown or not reported: (Adults only)	31%	39%	24%

## Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$2,409,139	\$2,978,935	\$3,148,016	\$8,536,090
Supplemental	\$981,775	\$2,143,683	\$2,817,465	\$5,942,923
Total	\$3,390,914	\$5,122,618	\$5,965,481	\$14,479,013

## Allocation of Funds

	1998
Health Care Services	\$2,074,985/35%
Medications	\$661,543/11%
Case Management	\$1,049,048/18%
Support Services	\$1,556,276/26%
Administration, Planning and Program Support	\$623,629/10%

## Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 43
- ▶ PLWH on planning council: 15 (35%)

## Gender of Planning Council Members

Men:	49%
Women:	51%

### **Race/Ethnicity of Planning Council Members**

	42%
African American:	
Hispanic:	7%
	0%
Native American/Alaska Native:	

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

### **Accomplishments**

	7,150
Men:	
Women:	39%
	3%

<13 years old:	
13-19 years old:	2%
	88%
Other, unknown or not reported:	

White:	28%
	52%
Hispanic:	
Asian/Pacific Islander:	0%
	0%
Other, unknown or not reported:	

Men who have sex with men (MSM):	46%
	15%
Men who have sex with men and inject drugs	
	5%
Heterosexual contact:	
Other, unknown or not reported:	15%

### **Improved Patient Access**

The county public health clinic and satellite sites continued as the major medical provider,

Belle Glade area and medical care coordination was enhanced through newly funded nurse care coordinators. Women, infants, and children made up 47% of primary medical care clients. The

44 enrolled in 13 different clinical trials.

- The Planning Council reallocated Title I funds in order to provide viral load testing at all clinic locations and to provide access to combination protease inhibitor therapy, which previously was available only through compassionate use programs. During FY 1997, the Title I program increased support by 300% for its local pharmacy program that is designed to complement the State's ADAP. The number of PLWH receiving medicines through the local pharmacy program increased by almost 250% during the year, from 188 to 470 clients. Protease inhibitors were added to the formulary of the local program.
- The Title I program expanded the number of sites providing HIV dental care from one to six, serving a total of 716 clients in FY 1997. In addition, two case management providers reported serving a total of 1,240 clients, of whom 38% were women, infants and children. A total of 411 individuals received home-based health care services.

▶ **Improved Patient Outcomes**

- The grantee reported that documentation of clients receiving case-managed outpatient primary medical care, treatment, and related health care services, contributed to a reduction in the number of hospitalizations by 396. A quality of life survey was implemented to document the impact of Title I services on clients.

▶ **Cost Savings**

- The Title I Planning Council and the Title II HIV Care Consortium, who have worked together in previous years to conduct needs assessment, planning and priority-setting activities, were formally merged during FY 1997, in order to achieve maximum efficiency and further improve coordination of CARE Act services planning and delivery.

▶ **Other Accomplishments**

- Developmental work continued in FY 1997 relating to the establishment of a Medicaid managed care demonstration project, providing expanded eligibility and services for PLWH.

## Title II: Florida

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$25,220,349	\$41,314,996	\$53,845,136	\$120,380,481
ADAP (included in Title II grant)	(\$5,503,506)	(\$17,898,632)	(\$30,253,733)	(\$53,655,871)
Minimum Required State Match	\$12,610,175	\$20,657,498	\$26,922,568	\$60,190,241

### Allocation of Funds

	1998
Health Care (State Administered)	\$38,944,318/72%
Home and Community Care	(\$0)
Health Insurance Continuation	(\$1,648,794)
ADAP/Treatments	(\$37,295,524)
Direct Services	(\$0)
Case Management (State Administered)	\$0/0%
Consortia	\$9,374,387/17%
Health Care*	(\$3,666,830)
ADAP/Treatment	(\$1,397,371)
Case Management	(\$2,742,863)
Support Services**	(\$1,567,323)
Administration, Planning and Evaluation (Total State/Consortia)	\$3,761,417/7%

\* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

\*\* includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

## Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 14

Consortium Name	Location	Service Area	Title II Funding,
AIDS Consortium of the Treasure Coast		St. Lucie, Okeechobee, Martin and Indian River Counties	
Central Panhandle AIDS Network		Bay, Calhoun, Gulf, Holmes, Jackson and Washington Counties	
East Coast Florida AIDS Network		Brevard, Orange, Osceola, and Seminole Counties	
First Coast Consortium for AIDS Resources		Baker, Clay, Nassau, Duval, and St. Johns Counties	
Monroe County AIDS Consortium		Monroe County and the Florida Keys	\$741,177
CARE Consortium	Gainesville	Columbia, Union, Bradford, Alachua, Gilchrist, Putnam, Marion, Levy, Citrus,	\$746,995
Northwest Florida AIDS	Pensacola	Escambia, Santa Rosa, and Walton	\$497,266
Palm Beach County HIV	West Palm Beach		\$604,941
Panhandle Area	Tallahassee	Leon, Franklin, Liberty, Gadsden, Taylor Counties	\$314,833
Consortium	Miami		\$799,678
South Florida AIDS	Ft. Lauderdale	Broward County	
South West AIDS Network		Sarasota, Desoto, Charlotte, Glades, lee, Hendry, and Collier Counties	
Suncoast AIDS Network	Tampa	Polk, Hardee, and Highlands Counties	\$1,647,837
Consortium	Daytona Beach		\$471,156

## Accomplishments

	29,650
Men:	
Women:	31%

<13 years old:	5%
13-19 years old:	1%
20+ years old:	94%
White:	46%
African American:	43%
Hispanic:	10%
	0%
Native American/Alaskan Native:	
Men who have sex with men (MSM):	40%
	13%
Men who have sex with men and inject drugs	3%
Heterosexual contact:	
Other, unknown or not reported:	14%

### **Improved Patient Access**

The ADAP formulary was expanded from 10 to 21 drugs during FY 1997, to include FDA-

- 14 regional consortia has increased every year. During the last quarter of 1997, 7,336 unduplicated clients received service. The State projected that 10,000 clients would be served by
- 1,500 in 1997.
- In the ADAP, the number of clients served increased from 3,804 clients in 1994 to a total of 9,060 in 1995, then declined to 8,240 in 1996 with the resource limitations experienced when amount to 8,390. As of July 1998, it was projected that 12,000 clients would be served during the program year with an estimated 8,000 clients accessing one or more drugs each month.  
20% in 1997 to 60% in July 1998.
- The Central Panhandle AIDS Consortium established a cooperative agreement with the Bay Medical Society, resulting in access for indigent and non-insured clients to reduced-cost previously had been unavailable to these populations.

- A waiting list for ADAP services was established in 1997, as a result of insufficient resources to meet the large increase in the demand for newly approved and expensive antiretroviral treatments. As of mid-1998, there were 900 people on the waiting list. Once a client is placed on the list, county health department workers do everything possible to assist the person to obtain another treatment funding source such as a Title I or Title II consortia-funded pharmacy local assistance program or a manufacturer's patient assistance program.

► **Cost Savings**

- A sliding-scale co-payment for ADAP services was established in 1996 for clients with incomes between 100% and 200% FPL.
- The ADAP participates in the Office of Drug Pricing's discount drug purchasing program to achieve significant cost savings.
- For every \$1 in combined Federal/State funds invested in the insurance continuation program, almost \$8.00 in health care services are provided to clients. Since its inception in 1993, the State estimates health care cost savings in excess of \$50 million.
- The South Florida AIDS Network of Broward reports that their Title II-funded "recuperative bed program" in an assisted living facility achieved significant inpatient care cost savings by reducing the average inpatient care days. Cost data from 1997 demonstrated a ratio of \$8 saved for every \$1 spent, or \$50 per day for a recuperative bed versus \$400+ per day inpatient costs.
- First Coast Cares Consortium and the local Title I program worked together to contract for health care and support services, resulting in significantly reduced unit costs for services while maintaining quality and choice.

► **Other Accomplishments**

- First Coast Cares Consortium and the local Title I program worked together to establish a joint client services and fiscal reporting system that supports production of customized, unduplicated client reports to the local and State programs as well as HRSA.

## AIDS Drug Assistance Program (ADAP): Florida

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

### Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$17,105,192	\$24,314,993	\$40,211,033	\$81,631,218
State Funds	\$0	\$2,000,000	\$4,000,000	\$6,000,000
Total	\$17,105,192	\$26,314,993	\$44,211,033	\$87,631,218

### Program

- ▶ Administrative Agency: Dept. of Health
- ▶ Formulary: 21 drugs, 4 protease inhibitors, 8 other antiretroviral drugs.
- ▶ Medical Eligibility
  - ▶ HIV Infected: Yes
  - ▶ CD4 Count: No
- ▶ Financial Eligibility
  - ▶ Asset Limit: No
  - ▶ Annual Income Cap: Yes
- ▶ Co-payment: Sliding scale (100-200% FPL)
- ▶ Enrollment cap: Yes
- ▶ Waiting list as of 10/98: 250
- ▶ Waiting list for protease inhibitors as of 10/98: 250

### Clients Served

Clients enrolled, 10/98:	8,000
Number using ADAP each month:	8,000
Percent of clients on protease inhibitors:	60%
Percent of active clients below 200% FPL:	100%

### Client Profile, FY 1996

Men:	73%
Women:	25%
Other, unknown or not reported:	2%

<13 years old:	1%
13-19 years old:	1%
20+ years old:	98%

White:	35%
African American:	43%
Hispanic:	18%
Asian/Pacific Islander:	0%
	0%
Other, unknown or not reported:	

## Title III: Florida

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

### Funding History

Fiscal Year	1996	1997		Total
Number of Programs Funded	7	7		
Total Title III funding in State		\$2,649,561	\$3,256,561	

### Clients Served in FY 1996 by Title III Grantees in State (Based on programmatic information from 7 grantee(s) in State)

Total number of people provided HIV pre-test counseling and testing services by State's Title

- ▶ programs: 4,377
- ▶ Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 1,535
- New clients (adults only) in State's Title III-funded early intervention programs presenting with

- ▶
- ▶
- ▶
- ▶

### Accomplishments

Clients served (primary care only), 1996:

Men:	51%
	49%

<13 years old:

13-19 years old:	1%
	98%

White:	21%
African American:	62%
Hispanic:	15%
Asian/Pacific Islander:	2%
Native American/Alaskan Native:	0%
<hr/>	
Men who have sex with men (MSM):	22%
Injecting drug user (IDU):	13%
Men who have sex with men and inject drugs (MSM/IDU):	2%
Hemophilia/coagulation disorder:	5%
Heterosexual contact:	54%
Receipt of blood transfusion, blood components, or tissue:	1%
Other, unknown or not reported:	5%

#### ► **Improved Patient Access**

- The Monroe County Health Department Early Intervention program has collaborated with a community-based case management organization, AIDS Help, Inc., to ensure that no HIV client lacks access to primary care, specialty care, medications, and diagnostic testing. By the end of 1997 the waiting list for medications was reduced to zero. In 1997, more than 800 HIV-infected clients received primary care services through the Economic Opportunity Family Health Center in the Miami Metro-Dade area. Approximately 15 new clients are referred each month for case management services.
- Through the Economic Opportunity Family Health Center's early intervention program, clients who have no other funding source are able to access medications, nutritional supplements, and laboratory testing. On average, 300 prescriptions are filled each month.
- The Florida Community Health Centers offer a wide range of services through the Fort Pierce Center, located in a community with a significant indigent population. Approximately 97% of the HIV-infected clients are indigent, and 86% of the clients are people of color.
- Since 1995, HIV counseling and testing has been routinely provided within 24 hours of delivery to women with inadequate or no prenatal care. In 1997, 45 HIV-infected women were identified through this service alone at the University of Miami.

#### ► **Improved Patient Outcomes**

- From 1995 to 1998, the total number of inpatient days reported for clients of the North Broward Hospital District, hospitalized due to PCP, decreased by 66%, and the length stay decreased by 17%.

- The Economic Opportunity Family Health Center enhanced and upgraded the management information system in 1998 to increase the system's capacity to collect and retrieve data for reporting and evaluation purposes. The new system has enhanced communication and integration between service categories and allows staff to more efficiently track, monitor, and evaluate program effectiveness.
- Since early 1997, there have been no reported cases of PCP among the active clients enrolled in the early intervention program at the Monroe County Health Department. Providers closely monitor viral load tests; this allows providers to change the treatment regimen as necessary.
- In 1997, the Economic Opportunity Family Health Center reported a significant reduction in oral manifestations. The decrease is attributed to the increased use of protease inhibitors.
- Among the HIV-infected prenatal clients at the University of Miami, 95% accepted ZDV for prevention of perinatal transmission. Of children born to these mothers in 1996, only two of 110 perinatally exposed children were seropositive after one year of age. In 1997, of the 97 infants born to HIV-infected women, three tested positive.
- In FY 1996, 5% of postpartum women refused to be tested for HIV at the University of Miami. This number decreased to 3% in FY97.
- The number of clients keeping dental appointments rose to 80% in 1997 at the Stanley C. Myers Community Health Center.

#### Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Collier Health Services	Immokalee	Collier County and occasional patients from Hendry and Glades Counties	Community and Migrant (329/330) Health Center
Economic Opportunity Family Health Center	Miami	Miami-Dade County	Community and Migrant (329/330) Health Center
Florida Community Health Centers	West Palm Beach	St. Lucie County	Community and Migrant (329/330) Health Center
Monroe County Health Department	Key West	Monroe County	Health Department
North Broward Hospital District	Fort Lauderdale	Broward County	Hospital/University-based Medical Center
Stanley C. Myers Community Health Center	Miami	Dade County, primarily Miami Beach and vicinity	Community and Migrant (329/330) Health Center
Univ. of Miami, School of Med., Dept. of OB/GYN	Miami	Miami-Dade County	Hospital/University-based Medical Center

## Planning Grants

1998 - Hendry County Health Dept. - Labelle

1998 - Northwest Florida Health Council - Panama City

1998 - Polk County Health Dept. - Winter Haven

1997 - North Central Florida Health Planning Council - Gainesville

## Title IV: Florida

Title IV provides funding for the development and operation of family-centered systems of primary health care and social services for infants, children, youth, women, and mothers (including pregnant women) and also serves high-risk individuals affected by HIV due to their relationship to family members with HIV. From FY 1991 to FY 1998, \$241.5 million was appropriated for Title IV programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Number of Funded Programs	5	5	6	
Total Title IV Funding	\$2,623,010	\$3,776,700	\$4,733,617	\$11,133,327

### HIV-Infected and Affected Clients Served in 1996 by Title IV Grantees in State

Pregnant adolescents and women:	12%
Women with children:	13%
Adolescents/young adults:	8%
Children:	31%
Infants:	27%
Clients with AIDS/HIV Infection:	88%

### Accomplishments

All clients served, 1996:	2,285
Men:	15%
Women:	85%
(Adolescents and adults only)	
<13 years old:	58%
13-19 years old:	8%
20+ years old:	34%

White:	11%
African American:	70%
Hispanic:	12%
Asian/Pacific Islander:	1%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	6%

Men who have sex with men (MSM):	3%
Injecting drug user (IDU):	4%
Men who have sex with men and inject drugs (MSM/IDU):	0%
Hemophilia/coagulation disorder:	0%
Heterosexual contact, non IDU:	30%
Receipt of blood transfusion, blood components, or tissue:	1%
Pediatric Exposure:	59%
Other, unknown or not reported:	3%

► **Improved Patient Access**

- In 1997, the four Florida Title IV programs served a total of 4,785 clients, representing a 109% increase over the 2,290 clients served in 1995.
- In December 1997, the Comprehensive Family AIDS Project of the North Broward Hospital District Title IV program established a women's clinic for mothers of HIV-infected children and other HIV-infected women. Prior to the establishment of the women's clinic, more than half of the women served had not previously received primary care or specialty HIV care.
- Support groups offered through North Broward's and the University of Miami's Title IV programs focus on issues such as adolescence, pregnancy and new parenting issues, chemical dependency, and HIV disclosure.
- Youth seeking services at the Special Adolescent Clinic at the University of Miami keep 85% of their clinic appointments. The clinic provided primary care, psychosocial, and case management services to 64 HIV-infected youth in 1997.
- Since 1986, the grantees have enrolled more than 450 women and children in clinical trials through the Miami Pediatric AIDS Clinical Trials Group, which is based at the University of Miami.
- In 1997, the Tampa Bay Pediatric/Family AIDS Program of the University of South Florida expanded the service area to include the counties of Sarasota, Manatee, and Pasco.
- The HUG-ME Project of Orlando Regional Healthcare Systems, Inc. noted an increase in referrals of HIV-infected pregnant women to the obstetrics facility in 1997.

- The Broward Title IV project has the highest enrollment of any site in the country in the Pediatric AIDS Foundation's Early Treatment Study and in AIDS Clinical Trials Group 247.
- The Tampa Bay Pediatric Family AIDS program is collaborating in a project with the University of South Florida College of Medicine and the Department of Communicative Disorders, University of Florida, to determine communicative disorders in children exposed to, or perinatally infected, with HIV.
- In 1995, the rate of women being offered HIV counseling and testing at obstetric facilities in Orlando was 45%. After efforts to raise the awareness of providers by the Orlando Regional Healthcare System, 95% of pregnant women are now offered HIV counseling and testing.
- Since 1997, triple antiretroviral therapy is available to all women in the Orlando Title IV network.

► **Improved Patient Outcomes**

- The Florida Title IV projects have had a significant impact on reducing perinatal transmission. Of 186 infants born to HIV-infected mothers at the Orlando Title IV project, 2.8% were found to be HIV-infected. In the North Broward Title IV project, 4% of infants born to HIV-infected women during 1997 were found to be HIV-infected as compared to almost 30% in 1996. Since October 1996, the University of Miami's project has had no cases of pediatric HIV infection in infants born to HIV-infected mothers receiving prenatal care in the obstetrics component of the project.

► **Cost Savings**

- The incidence of hospitalizations among infants, children and adolescents receiving primary and specialty care through the Broward Title IV project decreased by two-thirds between 1992 and 1997. A 45% decrease in AIDS-related pediatric admissions was documented in 1996 and 1997.

Title IV Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
North Broward Hospital District (WIN)	Ft. Lauderdale	Broward County	Academic Medical Center
North Broward Hospital District	Ft. Lauderdale	Broward County	Academic Medical Center
Orlando Regional HealthCare Systems, Inc.	Orlando	Orange, Oseola, Brevard, Semiole, Lake and Volusia Counties	
Univ. of Miami, School of Medicine	Miami	Dade County	Academic Medical Center
University of Florida, Department of Pediatrics	Jacksonville	Duval, Clay, Nassau, and St. Johns Counties	Academic Medical Center
University of South Florida	Tampa	Pinellas, Pasco, Hillsborough, Sarasota, and Manatee Counties	University/College

## Special Programs of National Significance (SPNS): Florida

The goal of the SPNS program is to advance knowledge about the care and treatment of persons living with HIV/AIDS by providing time-limited grants to assess models for delivering health and support services. From FY 1991 to FY 1998, \$119.9 million in funding was dedicated for SPNS programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Number of programs funded	2	1	1	
Total SPNS Funding in State	\$826,558	\$357,091	\$374,354	\$1,558,003

### Project Descriptions

#### ► University of Miami

**Location:** Miami

**Project period:** 10/96 - 9/99

**Population Served:** HIV-infected women and children

**Description of Services:** The Whole Life project is an innovative one-stop model targeting HIV-infected women and children. The model is based on culturally competent, woman- and family-focused strategies. It coordinates the services of social workers, case managers, peer counselors, psychologists, physicians, and nurses to integrate and provide primary care, obstetrical and gynecological care, mental health and substance abuse treatment services, violence intervention, and support services--all under the Whole Life umbrella.

#### Project Highlights

- Whole Life has created and put in place a multi-disciplinary, multi-modal provider program and conducted training in this model for providers in the Miami area.
- Whole Life has developed an expanded network of services in Miami, including the development of linkages with a local school of social work to broaden and secure case management and violence intervention services for clients. The project also negotiated a partnership with a university hospital to increase access to obstetrics and gynecology, pediatrics, and family medicine departments, as well as mental health, substance abuse, and primary care services.
- The Whole Life project has designed a pilot project to enhance the integration of mental health services in care centers for HIV-infected children and youth.
- The project has provided care and services to 171 women primarily from disadvantaged and underserved ethnic minorities: 37% African American, 16% Hispanic, 44% other minorities, including Haitian and Caribbean.

- Whole Life has developed and implemented a multi-disciplinary, multi-model training program for service providers. To date, 94 training sessions for providers have been completed.

► **University of Miami, School of Medicine**

**Location:** Miami

**Project period:** 10/96 - 9/99

**Population Served:** High-risk youth

**Description of Services:** The TOP-UM project addresses HIV infection and STDs in a vulnerable youth population, providing the means to identify HIV-infected adolescents and enter them into comprehensive primary and specialty care programs. A key component of the TOP-UM approach is the development of a multi-disciplinary team of trained adolescent specialists, researchers, and HIV service providers to staff a mobile van for outreach to and identification of HIV-infected young people. Those identified as HIV-positive are enrolled at the University of Miami Adolescent Medicine HIV/AIDS Program, where they received a comprehensive program of care.

**Project Highlights**

- TOP-UM has successfully coordinated the resources of university specialists and researchers as well as community HIV service providers to create a dynamic and effective mobile team that brings services to previously hard-to-reach and high-risk youth.
- The TOP-UM model of service delivery is designed to reach large numbers of adolescents in an urban area. The mobile van provides outreach to high-risk or infected teens in areas where they congregate. Standard prevention materials and counseling are offered, as well as confidential screening for HIV infection, STDs, and mental health coping difficulties. The unit provides free STD treatments and hepatitis-B vaccinations as well as free family planning aid and treatment for high-risk females.
- More than 250 youth have been screened confidentially for HIV infection, STDs, and related mental health coping difficulties as a result of the TOP-UM project. Those screened were referred to appropriate care facilities or provided with follow-up treatment. Those infected with HIV were entered into the University of Miami primary and specialty care programs.

## AIDS Education and Training Centers: Florida

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Florida AETC
- ▶ States Served: Florida
- ▶ Primary Grantee: University of Miami, Miami, FL
- ▶ Subcontractors in State: Nova Southeastern Univ., Coll. of Osteopathic Med. - Fort Lauderdale Univ. of Florida, Health Science Center - Gainesville  
Univ. of South FL, Center for HIV Ed. & Research - Tampa

### Funding History

Year	1996	1997	1998	Total
Total AETC Funding for State	\$681,402	\$934,620	\$934,620	\$2,550,642

### Training Highlights from FY 1997

- A workshop, titled “HIV Aftercare for Released Inmates,” addressed improving coordination of HIV aftercare for released inmates and was attended by Miami-Dade County Title I and Florida Department of Corrections representatives. Two resources were developed following the conference: an identification card to be made available to inmates prior to release that lists their medical information to assist the providers who will be providing care after release; and a resource guide for HIV-related health and social services in the Miami/Dade area that does not mention HIV or AIDS so inmates can have access to information without risking disclosure of their HIV status.
- The “HIV for the Generalist” Series, sponsored by the Miami and Dade County performance sites and local AIDS Service providers, is offered five times each academic year. The series draws a sizable audience, ranging in size from approximately 100 to 300 participants, of licensed primary care physicians and nurse practitioners in a three-county South Florida Region. In 1997, topics included: “CMV Retinitis: A Comprehensive Overview;” “AIDS Update/TB/Domestic Violence for Physicians and Nurses;” “HIV and the Law;” “HIV Prevention and the Detection/Treatment of Primary HIV Infection;” and “Death, Dying, Hope and Renewal: HIV Care Today.”

- The AETC has carried out a range of activities to help providers working with Florida's large Hispanic population. The AETC co-sponsored with Miami/Dade's largest AIDS service provider "Conferencia de SIDA, Esperanza and Vida," a three-day training conference in Spanish for providers and consumers. The University of Florida performance site has worked with the Rural Women's Health Project to develop low-reading level, Spanish-language prevention education materials for migrant and seasonal farm workers in Northern Florida. Three fotonovelas, illustrated booklets popular in the Hispanic culture, have been produced. The fotonovelas focus on increasing STD/HIV awareness, personal protection behaviors, and HIV counseling and testing.
- The AETC has developed materials designed to make information more accessible to providers in the workplace. A laminated, pocket-sized card, "Commonly Used Medications for HIV/AIDS," lists medication and doses by indications. The card includes pediatric dosing, buyers club and patient assistance program information. The size of the card makes it easy for providers to carry it with them. "PEP (Post-exposure Prophylaxis) Guidelines," a laminated summary of Public Health Service recommendations and contact information in the event of exposure is designed to be posted in the workplace.

## HIV/AIDS Dental Reimbursement Program: Florida

The CARE Act HIV/AIDS Dental Reimbursement Program reimburses eligible dental schools and postdoctoral dental education programs for the reported, uncompensated costs of providing oral health care to PLWH. From FY 1996 (when the program was first funded by the CARE Act) to FY 1998, \$22.2 million in funding was provided for programs in the U.S.

### Funding History

Year	1996	1997	1998	Total
Number of Programs Funded in State	2	2	3	
Total HIV/AIDS Dental Reimbursement Program Funding in State	\$118,752	\$205,937	\$315,712	\$640,401

### Accomplishments

Est. clients served, 1996:	1,514
Men:	60%
Women:	40%
<13 years old:	5%
13-19 years old:	5%
20+ years old:	90%

### HIV/AIDS Dental Reimbursement Program Grantees, FY 1998

Grantee Name	Location
Dade County Dental Research Clinic	Miami
University of Florida School of Dentistry	Gainesville
University of Miami/Jackson Memorial	Miami